

ARIZONA DEPARTMENT OF EDUCATION

Tom Horne
Superintendent of
Public Instruction



STATE OF ARIZONA

School Finance
1535 West Jefferson
Phoenix, Arizona 85007
(602)-542-5695
(602)-542-3099 fax

SCHOOL FINANCE MEMORANDUM 06-009

TO: County School Superintendents

FROM: Philip Williams, Deputy Associate Superintendent of School Finance

DATE: August 9, 2005

SUBJECT: Transportation Aid for Unorganized Territories

Arizona Revised Statutes - ARS-1001. – Special County reserve fund, paragraphs B. and C. allows County School Superintendents to submit a claim to the Department of Education for the cost of transporting students from unorganized territories to organized school districts within the county. The amount of this yearly payment is based upon the provisions of ARS 15-945, Subsection A, Paragraphs 1 and 2, except that such transportation aid shall not exceed the actual cost of providing transportation. Per paragraph C of ARS -1001, this yearly amount will be apportioned quarterly no later than the 2nd Monday in September, December, March and June.

If your county provides transportation or contracts for transporting students from unorganized territories, please complete the attached FY2006 Unorganized Territory Transportation Claim Form and, if applicable, the attached Unorganized Territory Transportation Vendor Form and return to the ADE by August 30, 2005. The claim must be received by this deadline in order to be included in the September payment. Any claims submitted after this deadline will be paid in the December scheduled payment

Please fully complete the claim form. All requested information must be provided in order for your claim to be processed. If you have any questions or concerns regarding the completion of these forms, please contact Shirley Willis at swillis@ade.az.gov or by phone at 602-542-8245. If you need additional lines to list additional expenditures, please attach a separate page with the information.

If the transportation is provided through a contract or contracts, reference line (5), Other Expenditures: Contracted Miles to Districts. Please list the total miles, the total amount paid to all vendors for mileage and total students transported. In addition, please complete the Unorganized Territory Transportation Vendor Form for each vendor (bus companies, schools or individuals) providing the transportation service.

Finally, whether providing the transportation service directly or through a contracting agency please complete line 10 of the Unorganized Transportation Claim Form, using the following table to figure the per mile support level.

Approved Daily Route Miles per Eligible Student Transported	FY 2005-2006 State Support Level per Route Mile
I. 0.5 or Less	\$ 2.15
II. More than 0.5, through 1.0	\$ 1.74
III. More than 1.0	\$ 2.15

Please remind any districts submitting transportation expenditure information to you for this county claim, that these route miles and students cannot be duplicated on their District's Transportation Route Report to the Arizona Department of Education.

Again, if you have any questions regarding these instructions please contact *Shirley Willis* at (602) 542-8245 or by email at swillis@ade.az.gov

FY 06 UNORGANIZED TERRITORY TRANSPORTATION CLAIM FORM

(COST OF TRANSPORTING STUDENTS FROM UNORGANIZED

TERRITORIES TO ORGANIZED SCHOOL DISTRICTS PER (ARS 15-1001.B.)

County _____

Pupil Transportation Expenditures

**2004-2005
Actual**

**2005-2006
Estimated**

- | | | | |
|-----|--|----------|----------|
| 1. | Salaries | _____ | _____ |
| 2. | Employee Benefits | _____ | _____ |
| 3. | Supplies and Materials | _____ | _____ |
| 4. | Utilities and Communication | _____ | _____ |
| 5. | Other Expenditures: | | |
| | Contracted Miles to Districts | | |
| | Sum of all Vendors from attached forms | | |
| | Total Mileage _____ | _____ | _____ |
| | Total Students Transported _____ | | |
| | Number of Vendors _____ | | |
| 6. | Specify Other Expenditure | | |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| 7. | TOTAL | \$ _____ | |
| 8. | TOTAL | | \$ _____ |
| 9. | 2004-2005 Daily Route Miles _____ | | |
| 10. | _____ X 180 days X (either \$2.15 or \$1.74 as per memo) | | \$ _____ |
| 11. | County Transportation Aid equals the lesser of 8 or 10 | | _____ |

County School Superintendent

Date _____

UNORGANIZED TERRITORY TRANSPORTATION
VENDOR FORM

Please fill out all of the following information:

VENDOR NAME _____

CTD NUMBER (If a school district) _____

ACTUAL MILES DRIVEN TO TRANSPORT STUDENTS _____

NUMBER OF STUDENTS TRANSPORTED _____

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